

Mainstreaming Intergenerational Care

Thesis

Presented in Partial Fulfillment of the Requirements for the Bachelor of Science in Social
Work in the College of Social Work at The Ohio State University

By

Kelly A. Cohen

Undergraduate Program in Social Work

The Ohio State University

2018

Thesis Committee:

Dr. Shannon Jarrott, Advisor

Copyrighted by

Kelly A. Cohen

2018

Abstract

The population in the United States is rapidly aging, and many elders require care. As a result, systems need to be established that will provide resources for individuals to age with dignity. Intergenerational centers offer an innovative alternative to traditional community-based care, by streamlining day services for children and older adults into one location. However, intergenerational centers are little known and under-utilized. The present study aims to promote the incorporation of intergenerational centers into mainstream options for families when selecting services, by analyzing the motives and knowledge of individuals who currently utilize care at Champion Intergenerational Center. This center provides adult day services and preschool in one building, with areas designated for the two groups to interact.

The research design included a cross-sectional survey for older adults, caregivers, and parents who are enrolled or have dependents enrolled at the center. The survey determined if intergenerational programming influenced respondents' choice of care using descriptive statistics. One Likert-scale analyzed levels of support that older adults, caregivers, and parents had for intergenerational programming. An additional Likert-scale analyzed participants' knowledge about the intergenerational activities that occur at the center. Intergenerational program administrators can utilize the results to attract more families to these centers. Results from the present study may additionally encourage care

providers to explore the possibilities of providing services in a shared setting, due to the multi-faceted benefits for program stakeholders.

Acknowledgments

I would like to thank my faculty advisor, Dr. Shannon Jarrott, for her guidance, wisdom, and support throughout this entire process. My deepest thanks to the staff and clients at Champion Intergenerational Center for providing insight into their perspectives of intergenerational programming. I am grateful to Jennie Babcock for her optimism and knowledge throughout this project. I would also like to thank my family for their encouragement and support throughout my education. Lastly, I would like to thank Bridget Salice and Betsy Whiteman for being the loveliest roommates for the past three years.

Curriculum Vitae

June 2015.....Amherst Central High School

May 2018.....B.S. Social Work, Honors with Research Distinction

Summa cum laude, The Ohio State University

Fields of Study

Major Field: Social Work

Minor Field: Aging

Table of Contents

Abstract	Error! Bookmark not defined.
Acknowledgments.....	iv
Curriculum Vitae	v
List of Illustrations	vii
Chapter 1: Statement of Research Topic.....	8
Chapter 2: Literature Review.....	13
Chapter 3: Methodology.....	22
Chapter 4: Results.....	27
Chapter 5: Discussion	37
References.....	43
Appendices.....	48

List of Illustrations

Table 1: Participation in intergenerational activities.....	27
Table 2: Influence of intergenerational programming on care choice.....	28
Table 3: Perceived influence of intergenerational programming on participants.....	29
Table 4: Interest in receiving intergenerational programming information.....	31
Figure 1: Pearson's correlation coefficient for older adults.....	35
Figure 2: Pearson's correlation coefficient for caregivers.....	35
Figure 3: Pearson's correlation coefficient for parents.....	36

Chapter 1: Statement of Research Topic

Children and the elderly are two vulnerable populations that often are pitted against each other in competition for limited resources (Chamberlain, Fetterman & Maher, 1994). This notion is challenged by the idea that they face strikingly similar obstacles, such as underpaid and overworked care providers, dwindling funding, and a lackluster selection of day services for their caregivers to choose from (Chamberlain et al., 1994). Rather than perpetuating rivalry between advocates for children and older adults, one viable alternative is pooling resources through the creation of intergenerational centers, where children and the elderly attend day services at a shared location (Stremmel, Travis, Kelly-Harrison, Hensley, 1994).

Adult day services are programs that offer care and engagement for older adults during the day, which enables their caregivers to work, or have respite from caregiving [NASDA], 2011). Intergenerational programming encompasses services that create opportunities for non-familial interaction and cooperation between individuals from different generations (Ventura-Merkel & Lidoff, 1983). Adult day services can be incorporated into intergenerational programming, but intergenerational activities can take a myriad of forms. Examples of intergenerational programs include old and young collaborating on activities, older adults volunteering to assist young people, as well as young people assisting older adults (Ventura-Merkel & Lidoff, 1983). Intergenerational programming primarily occurs in the following settings: “(a) elders living in a nursing home in which child daycare is provided; (b) elders and children interacting through community, school or business groups; and (c) adult and child day care being provided in the same facility” (Chamberlain et al., 1994, p. 198). Intergenerational centers benefit

both the children and older adults through consistent engagement opportunities, while simultaneously providing a fiscally responsible option for the care crises, and so future researchers, child care, and adult day service providers must be dedicated to mainstreaming these options for children and the elderly (Chamberlain et al., 1994).

Problem Statements

By the year 2020 the amount of people in the United States over the age of 65 will be 55 million, while the number of individuals over the age of 85 will be 6.5 million (Cohen, Cook, Kelley, Sando & Bell, 2015). This number will rise to 19 million by the year 2050 (Cohen et al., 2015). As the baby boomers age, the number of older adults in need of caregiving services will rapidly expand. However, a system has not been yet established to provide the quantity and quality of care that will be critical to support these individuals throughout the aging process.

Typically, older adults want to age within their homes, which is imperative to support, due to the astronomical costs of formal care, in an assisted living or nursing home facility (Fields, Anderson & Dabelok-Schoeny, 2014). While long-term care facilities are the right fit for some older adults, the infrastructure is not in place to provide quality care in this setting for the entire aging population. Programs and policies must be established to support family members and friends who are caregivers. In 2015 there were over 50 million informal caregivers, which resulted in 522 billion dollars in savings, compared to if the older adults instead were subjugated to formal care (Cohen et al., 2015). Adult day services are one way to support informal caregiving. By enrolling in adult day services, older adults who are not independent enough to function by

themselves at home can engage with activities and other adults during the day without the need for their caregiver to be present. In addition to providing social engagement, many adult day programs provide supplementary services, such as meals or a nurse on staff to monitor the health of clients [NASDA],2011).

Even if an older adult is enrolled in adult day services it does not guarantee that the individual is engaged and active during the day. ADS participants in one study self-reported decreased loneliness, and one half had decreased anxiety and symptoms of depression (Baumgarten, Lebel, Laprise, Leclerc & Quinn, 2002). These results are promising for the effectiveness of adult day programs, but there were still a considerable number of clients who did not report increased connection and relationships due to services. They may be isolated, and choose not to interact with the other clients, or participate in activities. Intergenerational programming offers an additional engagement source for adults, by promoting consistent interactions with younger generations. Companionship from meaningful relationships with children leads to decreased isolation for older adults (Short-Degraff & Diamond, 1996).

Child care services are facing challenges in creating positive educational experiences for children. As more women enter the workforce, increased care outside the family system will be sought (Liu, 2015). However, many parents struggle to find care that matches their standards for quality, while also being affordable and conveniently located. Early childhood educators are often underpaid and have high demands, such as long work days with few breaks, which makes it challenging to consistently generate a quality curriculum. By incorporating older adults into the school day, children learn from

the elderly and the wisdom they have accumulated over a lifetime. Intergenerational centers give children the opportunity to interact with older generations on a consistent basis, because most children today do not live in multi-generational homes (Chamberlain et al., 1994). Overworked teachers may not have the time to give each child the attention they need. Older adults are an untapped resource, because they are able to offer the children additional support.

Intergenerational models offer opportunities to address challenges facing older adults, children, parents, and caregivers. However, there is a lack of research about intergenerational centers, which makes it challenging for program administrators to implement a program based on evidence-based practices (Canedo-García, García-Sánchez & Pacheco-Sanz, 2017). Additionally, even if caregivers and parents are aware of the benefits of intergenerational programming, it is unlikely they would have an intergenerational program near their homes to enroll in, due to a limited number of centers.

Purpose of the Study

The purpose of the present study is to expand the body of knowledge regarding adult day services and childcare to include intergenerational programming. The factors that influenced older adults', parents', and caregivers' choice of care at Champion Intergenerational Center were examined. The knowledge and endorsement older adults, parents, and caregivers have for intergenerational programming was analyzed. Intergenerational program administrators can utilize the results of this study to attract

people to their centers through application of the perspectives of the clients at Champion Intergenerational Center to the execution of their programs.

Research to understand intergenerational care is critical, so that these centers can become a mainstream option for older adults, caregivers, and parents. Increasing the use of intergenerational centers is valuable for society, because prior research has indicated the benefits for both older adults and children. Intergenerational centers offer an innovative solution to the social and economic justice issues that are arising due to the aging population, while also providing a unique daycare experience for children.

Research Questions

- 1.) Does intergenerational programming availability at a center influence parents', caregivers', or older adults' choice of care?
- 2.) Are caregivers and parents knowledgeable about the intergenerational programming that their relative engages in?
- 3.) Do parents, caregivers, and older adults who currently utilize an intergenerational center endorse intergenerational programming?
- 4.) Are parents and caregivers aware of the benefits of intergenerational programming?
- 5.) What perceptions do older adults, caregivers, and parents have about the benefits of intergenerational care?
- 6.) What would older adults change about the intergenerational programming they attend?

Chapter 2: Literature Review

Benefits of Intergenerational Care

Prior research on intergenerational programming has focused on the benefits of inter-group contact for children and older adults, as well as the challenges of implementing a successful intergenerational program. Benefits for children included positive perspectives of the elderly, such as being more likely to view older adults as “healthy” (Heyman, Gutheil & White-Ryan, 2011, p. 8). Children who participated in intergenerational programming were more willing to say hello or become friends with an older woman, which indicates that positive perspectives lead to increased engagement (Femia, Zarit, Blair, Jarrott & Bruno, 2008). Future generations must be comfortable interacting with the expanding elderly population, despite ageist mentalities that permeate society. However, many children lack consistent interactions with older adults because households today often do not extend beyond the nuclear family (Chamberlain et al., 1994). Children in intergenerational programming are exposed to traditional values and wisdom that are unique to older adults (Chamberlain et al., 1994). Learning from knowledge that only elders have is a critical but often ignored component of solving societal problems.

The Intergenerational School is an educational model that addresses societal challenges through involvement of the old and young, as the school’s philosophy is rooted in the concept that the wisdom of elders paired with the creativity of children has the power to address complex issues, such as climate change (George, Whitehouse & Whitehouse, 2011). Reflecting the philosophy of the school is their goal to “collectively educate individuals of any age while nurturing social, civic, and environmental

responsibility and encouraging informed action” (George et al., 2011, p. 390). This school incorporated the assistance of older adults into their curriculum, as they provided support to the students (George et al., 2011). The Intergenerational School is a strong advocate of the idea that society will benefit when the traditional educational experience expands to include people of all ages, due to unique perspective sharing and skill building.

On a smaller scale, older adults can also benefit from mentoring (Cohen-Mansfield & Jensen, 2017). For example, older adults in Israel who assisted with academics reported increased moments of “joy,” and they were also interested in expanding their impact by becoming active in extracurricular activities (Cohen-Mansfield & Jensen, 2017, p.259). Providing older adults with positions of leaderships within the school setting was identified as a future step to take to strengthen the roles of the older adults in the classroom (Cohen-Mansfield & Jensen, 2017). Dunham and Casadonte (2009) examined a science program that connected older adults with middle and elementary school science classes and found that children had better attitudes about old age when compared to children in the control group who did not have the assistance of older adults in a science program. Attitudinal changes like these may be sustainable; Aday and colleagues, for example, found that positive attitudes developed in intergenerational programming were maintained at a five-year follow up after the programming had concluded (Aday, Sims, McDuffie & Evans, 1996).

Benefits of intergenerational contact expands into later years, as the more college students had interacted with older adults throughout their lives, the greater empathy they

had, as well as less anxiety about their own aging (Jarrott & Savla, 2016). For older adults that collaborated with college students, there was a reported decrease in the symptoms of depression (Hernandez & Gonzalez, 2008). Therefore, it is beneficial for individuals to interact with older generations throughout their lives.

Due to the importance of intergenerational interactions throughout the lifespan it is advantageous to encourage this type of contact at an early age. Champion Intergenerational Center's model encourages their students to interact with the elderly at a young age, by putting a preschool and an adult day services program in the same building. Having successful adult day service programs established is essential for the well-being of the elderly. Most older adults would prefer to age in their own homes, and to receive community-based services (Fields et al., 2014). Adult day programs empower older adults to age in their homes, by providing engagement and care throughout the day. In adult day services, there was found to be a direct relationship between "psychosocial well-being" and the following: "social connections with participants, "empowering relationships with staff," and "participation and enjoyment of activities and services" (Dalbeko-Schoeny & King, 2010, p. 186). However, there is great variance between adult day service programs in their ability to create age-appropriate environments that are conducive to interactions between clients (Salari, 2002). Adding intergenerational activities to adult day programming is a potential tool to engage clients, while building social connections among the participants and staff members.

Prioritizing intergenerational activities within an adult day services setting is supported by the plethora of research that examines the advantages for older adult

participants. Older adults benefited from increased physical activity when engaged in intergenerational activities (Weintraub & Killian, 2009). Older adults also displayed significant increases in social interaction when participating in intergenerational programs (Short-DeGraff & Diamond, 1996). When older adults were interviewed about their experiences in intergenerational programming they noted the following benefits: “positive affect,” “interacting or caring for the children,” “watching children,” “children’s stimulating energy,” and “children’s friendliness” (Jarrott & Bruno, 2007, p.251).

Programming with children is effective for individuals with dementia, as benefits were seen in categories such as “behavior,” “mood,” and “engagement” (Galbraith, Larkin, Moorhouse & Oomen, 2015, p.357). Reciprocally, children showed growth in skills that were needed for successfully interacting with individuals with dementia, such as “patience,” “sensitivity,” and “compassion” (Galbraith et al., 2015, p.357). Therefore, successful intergenerational activities can be adapted to benefit all adults, and especially those with cognitive and physical deficits.

Not all research regarding intergenerational programming has been positive. Middlecamp and Gross (2002) found that intergenerational care does not lead to positive attitudes about the elderly. However, the better children felt about their own aging, the more likely they were to believe that older adults could engage in certain activities (Middlecamp & Gross, 2002). These results indicated that future intergenerational programming may benefit from addressing the children’s concerns about their own aging processes, and misconceptions about getting old.

While intergenerational programming has a wide range of benefits, problems may develop through improper implementation. For example, staff members must be aware of the risks for infantilization of older adults (Salari, 2002). If the activities are structured for the children, then staff members may treat older adults as children (Salari, 2002). Staff may struggle to adapt their language and tone as they simultaneously interact with children and the elderly. Administrators have additional concerns about matching the needs and energy of the two groups, disease control, children being exposed to the death of an older adult, and inadequate room for the two groups to engage but also have their own space (Stremmel et al., 1994).

The amount of time necessary to invest in successful planning of an intergenerational activity was identified by staff as the largest barrier to not implementing this type of programming (Hayes, 2003). Additionally, care providers may not be conscious of the needs of the group that they are not typically accustomed to working with (Jarrott et al., 2011). Another concern relates to continuity of relationships; older adult intergenerational program participants in Israel expressed concern about developing relationships with the children, and not seeing them again after they graduate out of the program, as well as concern about matching the energy levels of the children (Cohen-Mansfield & Jensen, 2017).

Parents' Choice of Child Care

The factors that determined parents' decisions to enroll their children in a specific early childhood education center have previously been studied, but intergenerational programming has not been incorporated into the research (Leslie, Ettenson & Cumsille,

2000). To promote increased enrollment in intergenerational centers, it is important to expand research concerning parental childcare decisions to include those who chose intergenerational care. An additional lacking component in this field of research is the ability to adapt to the changing workforce, as increasing numbers of mothers are working outside of the home (Liu, 2015). Future research must be conscious of the influence of this component on parents' search for care, and the factors that are most important to them.

Sosinsky and Kim (2013) found that structural factors, such as staff training or staff to child ratio, and process factors, such as positive interactions, must be balanced when examining factors that influenced parental choice of care. Prior research has typically focused on either structural or process factors, without blending the two components (Sosinsky & Kim, 2013). In a study that included a survey of 540 parents, it was found that the primary concern for parents were practical factors such as affordability, location, and hours of operation (Fuqua & Labensohn, 1986). Parents were also concerned with elements of the program such as "safety, appropriate activities, qualifications of administration, and congruent childrearing values" (Fuqua & Labensohn, 1986, p.300). Parents wanted the staff to discipline their children in a way that is reflective of their own parenting styles (Fuqua & Labensohn, 1986). When interviewed, mothers expressed high levels of stress due to lack of knowledge about how the care system worked, as well as expenses (Huff & Cotte, 2013). Most of the women studied were ultimately not in control over the process, because few options were nearby and within their price range. After

enrollment, mothers reframed the process to make the center that was chosen appear better than their original perceptions of it (Huff & Cotte, 2013).

Parents who had children enrolled in high quality care were generally not better informed about the childcare program when compared to parents who had children enrolled in lower quality care (Fenech, Harrison, & Sumison, 2011). Therefore, it appeared that parents were commonly poorly informed when making decisions about the care their children would receive during important formative years. Previous research has analyzed how informed parents are about the quality of their children's educational centers, but again there has been no focus on parental knowledge about the benefits or quality of intergenerational care (Fenech et al., 2011). The current study examined the knowledge of parents who have children currently enrolled in intergenerational programming, to determine if the benefits of intergenerational activities were influential in their care decisions. However, prior research has indicated that it is likely for practical factors, such as cost and location, to take precedence (Huff & Cotte, 2013)

Socioeconomic status is a vital component to consider when analyzing parents' choice of care. Priorities for low-income parents included cost, close location, and availability of meals for the children in one study (Fuller, Holloway, Rambaud & Eggers-Pierola, 1996). Many respondents expressed that their choice was influenced by social workers in welfare agencies as well as neighborhood child care agencies (Fuller et al., 1996). Low-income parents' concerns reflected the statements made by higher-income parents, such as curriculum, staff to child ratio, and staff to parent communication (Leslie et al., 2000). Furthermore, many cultural differences were noted among the participants

studied, such as African American and Latina mothers having greater levels of concern about care providers who were not family members when compared to Caucasian women (Fuller et al., 1996).

Intergroup-contact Theory

Intergroup-contact theory informed this study, which states that one critical component of successful programming with different populations is authority support for contact between disparate groups (Pettigrew, 1998). Authority support can come from diverse stakeholders, such as an older adult telling their friend that they enjoy day services at Champion. Older adults, caregivers, and parents are authoritative supporters of Champion, and so their levels of knowledge and endorsement will be measured. An indication of successful inter-group contact includes “recategorization,” which indicates that individuals within groups alter their paradigm of their own position within the group, by breaking down the boundaries of “we” and “they” into a more unified mentality (Pettigrew, 1998, p.65).

Authority support additionally encompasses the culture of an environment, and if society sanctions interactions between two distinct groups through tradition, customs, and law (Pettigrew, 1998). Ageist attitudes are commonly reflected in mainstream media and society, which results in a reluctance to encourage interactions between different generations. Additionally, laws create barriers for contact between young and old to occur. An example is adults needing to acquire background checks to routinely interact with children at a daycare.

Older adults may be reluctant to join intergenerational programming because they hold rigid views of the capabilities of the young and old, so they come to believe that

they will not be able to match the energy levels or needs of the children. Society views aging as a largely negative experience, but numerous stereotypes associated with aging are social constructs (Levy, 2009). Individuals are entrenched with negative perspectives of older adults throughout their lives, and so as they come to age themselves they utilize these paradigms within their own self-definitions (Levy, 2009). As a result, individuals unconsciously begin to act on the negative stereotypes that have been embedded into their thought processes, because they believe it is expected from them, as explained by stereotype embodiment theory (Levy, 2009).

Intergenerational programming allows older adults to reject stereotype embodiment theory, by empowering them to be engaged with activities and influential in the lives of young people. Reciprocally, as young people gain exposure to elderly people in active, engaged roles, their negative stereotypes of older adults diminish, which prevents them from self-fulfilling the negative stereotypes of the elderly as they later experience their own aging.

Chapter 3: Methodology

Research Design

The research design was a one-time descriptive survey that was analyzed using mixed-methods. Participants were asked to complete a paper survey. Three different variations of the survey were created to distribute to older adults, parents, and caregivers affiliated with the center, representing purposive sampling. The surveys shared similar formatting and content. The surveys were intended to determine if intergenerational programming available at the center was influential in the clients' choice of care provider, as well as how the intergenerational programming has impacted the older adult or child who participates. The surveys inquired if the participants would be interested in receiving updates about the intergenerational programming, and how they would like to receive it.

Data Collection Procedure

Collection of data began after approval from The Ohio State University's Institutional Review Board. Paper forms of the survey were distributed at the center when older adults were attending day services. Most older adults chose to complete the survey with the assistance of the interviewer. The interviews took approximately ten minutes to complete. The surveys were conducted when there were no other activities occurring at the center, so that the environment was not distracting for the ADS participants. Some participants preferred to complete the surveys in a room separate from the rest of the participants, while others preferred to remain at their tables with their peers. The interviewer, who had received training on conducting interviews in an unbiased manner,

read the surveys out loud for older adults, and clarified questions the participants had as they completed the survey. A large print survey was available to visually assist the older adults. Surveys were sent home to family caregivers of the older adult participants, with instructions that the survey could be returned to the front desk at Champion within a two-week period. The interviewer informed parents about the surveys as they dropped their children off for daycare. Parents chose to fill out the survey immediately or take it home and return it to the front desk.

An informed consent form was attached to the survey and stated that: (a) all information was confidential, (b) there were no penalties for not participating, and (c) the individual could choose not to participate at any time. Information about a lottery for one of fifteen ten-dollar Amazon gift cards was provided, but it was the choice of the individual to enter. A separate form offered a space for the participant to provide their email address and name if they wanted to be included in the lottery for the gift cards. The forms with the email addresses and names were kept separately from the surveys, so that no identifying information was attached to the surveys. Once all the surveys were collected, forms with email addresses and names were randomly drawn. The winners were informed that they could have the gift card sent electronically to them, or they could pick up a physical gift card at Champion.

Participants

The sample was drawn from the population of people involved with OSU Champion Intergenerational center. Older adults, caregivers, and parents were included in the sample to gain insights into the perspectives of individuals involved with both child care

and adult day services. The study is utilizing data from only one center, so the sample was as large as possible by inviting anyone that fitted the inclusion criteria to participate.

Inclusion criteria specified that adults who attended adult day services weekly at Champion could participate. The older adult had to be cognitively capable of agreeing to the informed consent, and answering the survey questions, at the discretion of the interviewer. The interviewer had spent significant time with the older adults as an intern at the center, and so they were aware of clients whose diagnoses would interfere with their ability to complete the survey, such as Alzheimer's disease. The interviewer additionally utilized the input of staff at the center, who indicated people whose cognitive capabilities would interfere with their ability to complete the survey. If the ADS participant had difficulty understanding and signing the informed consent, the interviewer did not continue with the survey. Additionally, if the participant expressed confusion about the questions, and was unable to respond after clarification from the interviewer, their survey was not utilized.

Caregivers included were individuals who were the primary point of contact for Champion, and responsible for decisions regarding the older adult. Eligible caregivers were identified by the manager of the adult day services program. Only primary caregivers were contacted, who had the main responsibility for the elder. Both guardians and non-guardians were included in the survey. Any guardian of a child who was currently enrolled at the daycare center was eligible to participate. If a child had more than one guardian, then both could participate in the study.

Measures and Variables

The surveys contained two Likert- scales, in which the participants were asked to rank their support or agreement with statements on a scale from one to five. One scale, comprised of four items for caregivers and parents, and six items for older adults, measured the participants' knowledge about the programming that occurs at the center, such as "my child has a choice about joining the activities with the older adults." For this Likert-scale, 1=wouldn't support, 2=may not support, 3=neutral, 4=may support, and 5=would definitely support. The other scale, consisting of four items, measured participants' endorsement for the programming that occurs, such as how strongly parents supported "telling family and friends to choose childcare that shares a building with older adults." For this Likert scale, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5= strongly agree. As a cross-sectional survey, there was no follow-up after the participants completed the survey.

Close-ended questions were analyzed using frequencies, including "yes/no" items and Likert-scale items. The participants were asked an open-ended question involving the impact that intergenerational programming has had on themselves (ADS participants), their elderly relatives (caregiver respondents), or their children (parent respondents). Qualitative analysis was the best method to determine the impact of the programming, as it captured the lived experiences of the participants in their own words. The answers to the open-ended questions were coded to identify themes within the responses.

The survey asked participants if they would like to receive information about the intergenerational programming beyond what they currently receive. Options were

provided so the participants could choose what format they prefer to receive information. The older adults were not asked if they would like more information about intergenerational programming, because they receive information while they are at the center. An open-ended question directed at the ADS participants inquired if there were any changes they would make to the programming with children. Themes amongst the responses were coded for similarities.

The two Likert-scales that measured knowledge and endorsement were utilized to determine how strongly participants supported the intergenerational programming, as well as if they were aware of the benefits and structure of these activities. Responses to Likert-scale items were analyzed with Pearson's correlation coefficient to determine if there was an association between knowledge and endorsement. Data were analyzed with the assistance of Excel.

Chapter 4: Results

Sample Size

Thirty older adults, eleven parents, and seven caregivers participated. The response rate was 38.5% for older adults and 14.0% for caregivers. The response rate for parents was not determined, because surveys were passed out as the parents were dropping their children off at the center. Twenty-eight of the older adults participated in activities with the children, one did not, and one was not sure. The proportion of older adult participants who engaged with intergenerational activities was high, because those who were not active with this programming were more likely to refuse participation in the survey. Nine parents had children who participated in activities with the older adults, one did not, and one was not sure. Three caregivers had a relative who participated in activities with the children, one did not, and three were not sure.

Table 1. *Participation in intergenerational activities*

Participants	Yes	No	Not sure
Older Adults	93.3%	3.3%	3.3%
Caregivers	42.9%	14.3%	42.9%
Parents	81.8%	9.1%	9.1%

Influence of Intergenerational Programming on Care Choice

One key survey question asked participants if the availability of intergenerational programming at the center influenced their care choice. Respondents could choose “yes,” “no,” or “not sure.” Out of all the participants, 39.6% stated that intergenerational programming was influential in their care decisions. Fifty percent stated it was not influential, and 10.4% said they were not sure. As illustrated by table 2, 36.7% of older adults responded “yes,” 53.3% responded “no,” and 10.0% were “not sure.” Parents reported as 63.6% “yes,” 27.3% “no,” and 9.1% “not sure.” Caregivers responded with 14.3% “yes,” 71.4% “no,” and 14.3% “not sure.”

Table 2. *Influence of intergenerational programming on care choice*

Participant	Yes	No	Not sure
Older Adult	36.7%	53.3%	10.0%
Caregiver	14.3%	71.4%	14.3%
Parent	63.6%	27.3%	9.1%

Influence of Intergenerational Programming on Older Adults and Children

When asked if the activities with the children has had an impact on them, 66.7% of older adults said “yes,” 26.7% said “no,” and 6.7% were “not sure.” Parents were asked if they felt the activities with older adults had an impact on their children. As table three illustrates, 63.6% reported “yes,” none said “no,” and 36.4% said “not sure.” When

caregivers were asked if they felt the intergenerational programming had an impact on their relative 42.9% stated “yes,” none reported “no,” and 57.1% said “not sure.”

Table 3. *Perceived influence of intergenerational programming on participants*

Participant	Yes	No	Not sure
Older Adult	66.7%	26.7%	6.7%
Caregiver	42.9%	0.0%	57.1%
Parent	63.6%	0.0%	36.4%

Contingent upon affirming that the intergenerational programming did have an impact, the participants were asked an open-ended question inquiring how it has influenced them. Every response for the older adults incorporated a sense of enjoyment from being around the children. Three respondents noted that the activities with the children lends itself to reminiscence of other fond memories with children, such as one woman who was a school teacher for thirty years, or another individual who was reminded of time spent with her grandchildren. Four older adults commented on the introspection and growth that occurs due to time spent around children. For example, one participant stated “It’s therapy. It teaches you patience. It helps you-their minds are much faster, it teaches you kindness, and helps you to accept life. You have to be kind around kids.” Another adult commented that throughout the activities both the older adults and children reciprocally learn from each other. One older adult stated that being around children even decreased her focus on pain. The most common reason why the

intergenerational programming was not influential was because the participant had grandchildren of their own and felt that they see them enough outside the center.

Out of the six parents who responded to the open-ended question, three were focused on the enjoyment of interacting with older adults. For example, one parent stated that “My children enjoy doing the activities with older adults because it makes them feel as though they are around a grandparent.” Two responses focused on the benefits for children, including increased respect and learning. One response noted their child’s characteristics that makes them well-suited for the activities, saying that “She’s very caring and nurturing of the elderly.” Two caregivers responded to the open-ended question. One stated that it is beneficial because their relative is not active with grandchildren at home, and the other stated “it keeps [their relative] going” due to their long history of babysitting.

Interest in Receiving Information about Intergenerational Programming

Parents and caregivers were asked if they would like to receive updates about intergenerational programming. As illustrated by table 4, 63.6% of parents responded “yes,” 27.3% stated “no,” and 9.1% were “not sure.” 100.0% of caregivers responded “yes” when asked if they would like to receive updates. For both groups, the preferred communication method was a newsletter, followed by emails, photos, and social media updates. Older adults were not included in this question because they receive updates about the programming at the center.

Table 4. *Interest in receiving intergenerational programming information*

Participant	Yes	No	Not sure
Caregiver	100.0%	0.0%	0.0%
Parent	63.6%	27.3%	9.1%

Changes to Current Intergenerational Programming

Older adults were asked if there were any changes they would make to the programming with children in an open-ended format. When the ADS participants were asked if they would make changes to the activities with the children, 63.3% reported “no.” Out of the eleven participants that indicated they would make changes to the programming, five respondents were primarily concerned with increasing the amount of interactions with the children. Five focused on increasing occurrences of specific activities, such as more educational components, games, or being able to eat lunch with the children. One participant said they would like for there to be changes but did not respond to the open-ended portion of the question.

Awareness and Endorsement

Participants were given a list of five statements, that measured how supportive the individual was of intergenerational programming. Statements for the surveys for ADS participants included the following: “other people my age choosing an adult day services program that shares a building with children,” “talking with family or friends about the activities I did with children at the center,” “less interaction with children at the center,”

and “more adult day centers having activities with children.” Some items were negatively coded, to ensure that participants were not selecting “would definitely support” for each item without reading the statement. The statements were adapted for the caregivers and parents so that it was applicable for each population.

For ADS participants, 96.7% stated that they “may support” or “would definitely support” other people their age choosing a program that shares a building with children, while 3.3% responded as “neutral.” When the question was adapted for parents, 90.9% stated that they “would support” telling family and friends to choose child care that shares a building with older adults, while 9.1% responded as “neutral.” Seventy-one-point four percent of caregivers “may support” or “would definitely support” other caregivers selecting day services that shares a building with children, while 28.6% were neutral.

Eighty percent of older adults stated they “may support” or “would definitely support” talking with friends or family about the activities they did with children at the center, while 10.0% were “neutral,” and 10.0% chose “wouldn’t support.” Ninety-point-nine percent of parents “would support” encouraging their child to do activities with older adults, while 9.1% were “neutral.” One hundred percent of caregivers “may support” or “would definitely support” encouraging their relative to do the activities with children. Twenty-three-point three percent of older adults stated they “may support” or “would definitely support” less interaction with children at the center, 26.7% were “neutral,” and 50.0% stated reported that they “wouldn’t support.”

Sixty-three-point six percent of parents stated they “wouldn’t support” or “may not support” less interactions with the children, 9.1% were neutral, and 27.3% stated they “would support.” 42.9% of caregivers “wouldn’t support” less interaction with the children, 14.3% were neutral, and 42.9% “may support” or “would definitely support.” Eighty-three-point three percent of older adults “may support” or “would definitely support” more adult day centers having activities with children, 13.3% were “neutral” and 3.3% “wouldn’t support.” Ninety percent of parents would support more child care centers having activities with adults, and 10.0% were neutral. One participant did not respond to this statement. Eighty-five-point seven percent of caregivers “may support” or “would definitely support” more adult day centers having activities with children, and 14.3% were “neutral.”

The next Likert scale for the older adults measured their perspectives of the activities they attend, and the advantages they believe are present at the center due to intergenerational programming. When asked if they have increased companionship due to time spent with children at the center, 76.7% of older adults said “strongly agree” or “agree,” 13.3% were “neutral” and 10.0% said they would “strongly disagree.” Eighty-three-point three percent of older adults stated that they “strongly agree” or “agree” with the statement that children at the center have better views of the elderly because they interact with older adults, 13.3% were neutral, and 3.3% stated that they “strongly disagree.”

Forty-three-point three percent of older adults would “agree” or “strongly agree,” with the statement that they work by themselves and do not interact with the children

during activities, 10.0% were “neutral,” and 46.7% would “strongly disagree.” Ninety-three-point three percent of older adults “agree” or “strongly agree” with the statement that the children they spend time with at the center benefit from increased attention, while 3.3% were neutral, and 3.3% would “strongly disagree.” The older adults responded to the idea that their physical activity increases when they interact with children at the center with 56.7% “agree” or “strongly agree,” 23.3% “neutral,” and 20.0% “strongly disagree.” Eighty-six-point seven of older adults reported that they would “agree” or “strongly agree” with the statement that the staff is supportive and prepared during activities with the children, while 13.3% were neutral, and none disagreed.

The next Likert scale for caregivers and parents measured their awareness of the structure of the intergenerational programming at the center, and the benefits for participants. One parent did not respond to this portion of the survey, and so the sample size was ten. Ninety percent of parents would “agree” or “strongly agree” that their child has a choice about joining activities with older adults, while 10.0% were neutral. Again, when asked if older adults at the center had greater companionship due to time spent with their child, 90.0% of parents stated that they would “agree” or “strongly agree,” and 10.0% were neutral. Eighty percent of parents would “agree” or “strongly agree” that the staff at the center is prepared to run activities for both older adults and children, while 20.0% were “neutral.” Ninety percent of parents would “disagree” or “strongly disagree” that their child does not get support from older adults when completing activities, and 10.0% were neutral.

The questions from the previous Likert scale for parents was adapted to match the perspectives of caregivers. Fifty-one-point seven percent would “agree” or “strongly agree” that their relative has a choice about joining activities with children, while 42.9% were neutral. Again, 51.7% would “agree” or “strongly agree” that their relative has increased companionship due to time spent with children at the center, and 42.9% were neutral. Forty-two-point nine percent strongly disagreed with the statement their relative is less physically active when interacting with children at the center, 42.9% were neutral, and 14.3% would “agree” or “strongly agree.”

As illustrated by figure’s one, two, and three, when Pearson’s correlation coefficient was calculated to compare the scores of participants for each Likert scale, there was a $-.29$ correlation between knowledge and endorsement for caregivers, which was weak. The correlation coefficient for older adults was $.78$ and the correlation for parents was $.62$, which was strong.

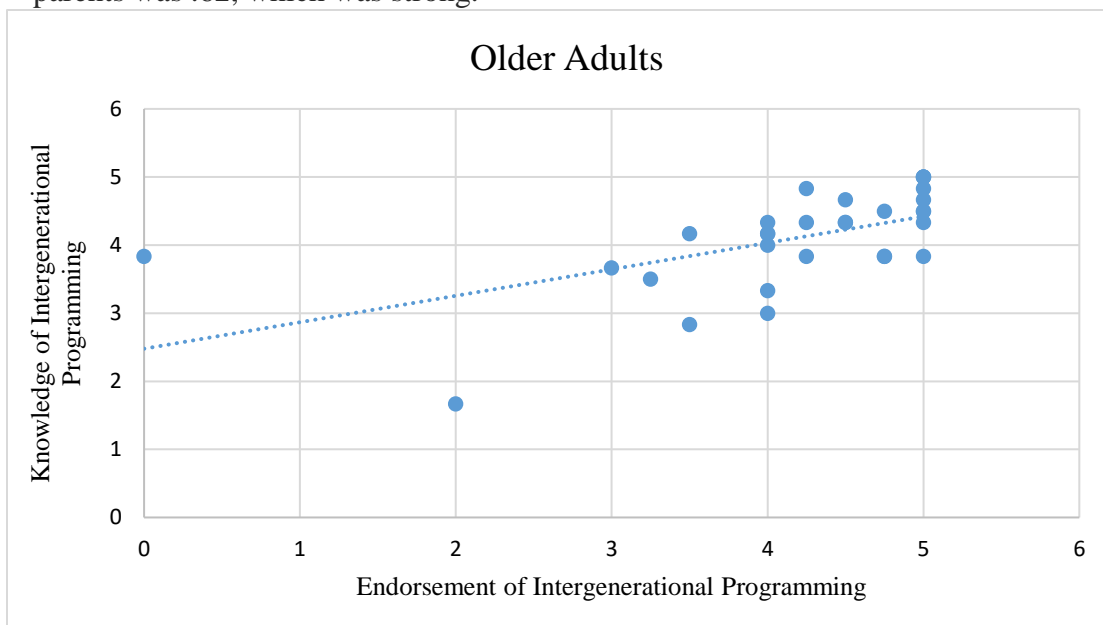


Figure 1. Pearson’s correlation coefficient for older adults (n=30)

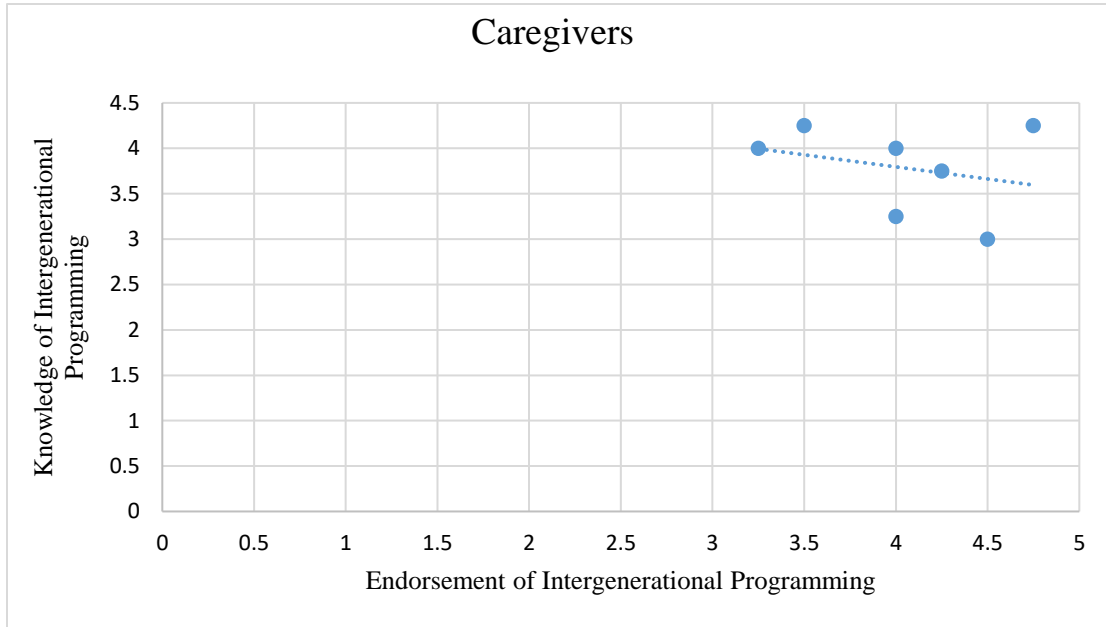


Figure 2. *Pearson's correlation coefficient for caregivers (n=7)*

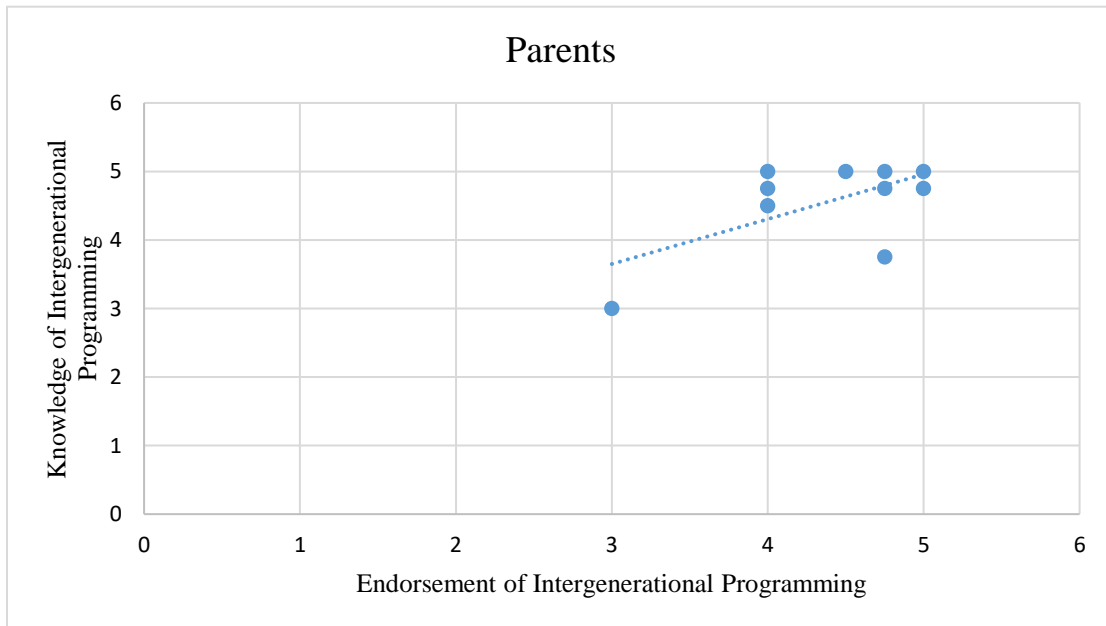


Figure 3. *Pearson's correlation coefficient for parents (n=11)*

Chapter 5: Discussion

Summary of Results and Implications

Examining the perspectives of participants who currently utilize intergenerational care is necessary to attract future clients, and to satisfy the needs of current participants. The data collected from the present study was analyzed to understand why participants responded the way they did, so that the information can be applicable to future programming. The findings can be utilized by advocates and facilitators of intergenerational programming, as well as in future research that is needed to expand upon the topic.

Caregivers were most likely to report that their relative did not participate in intergenerational programming, or they were not sure. Furthermore, caregivers were the most likely to indicate that the availability of intergenerational programming did not influence their care decisions. Caregivers were limited in their care options due to a lack of adult day services in the area, and so many caregivers likely could not prioritize quality engagement activities. Caregivers may have more uncertainty about intergenerational programming because they have less direct contact with the center, as the clients are often dropped off and picked up by bus. The caregivers have no way of being informed about intergenerational programming if ADS participants do not discuss with their relatives the activities they did during the day.

The caregiver population must be targeted for intergenerational promotion, because of low levels of knowledge and support for intergenerational programming. Aging agencies that direct caregivers to services for their relatives should inform clients

about opportunities for intergenerational centers, as well as the benefits of participation. Additionally, when adult day services located within intergenerational centers are recruiting new clients, it would be beneficial to describe the advantages of the activities with children. In contrast, parents should be informed during the intake process at an intergenerational center about the programming with older adults. Intergenerational centers are atypical, and so parents may be uncomfortable with their child regularly interacting with the elderly. If they are better informed about the advantages from the beginning, they will be more supportive of the services throughout the entire process.

Around 60.0% of participants said availability of intergenerational programming was not influential in their care decisions, or they were not sure if it was. This aligns with previous literature, as people often do not have control over their care decisions, as they are commonly forced into a center due to availability, cost, and location (Fenech et al., 2011). Prior research additionally states that consumers of care are generally not well-informed about the quality, and so it is possible that parents, caregivers, and older adults were unaware of intergenerational programming availability when they were deciding on a center (Fenech et al., 2011). Therefore, the lack of interest in intergenerational programming at the time of enrollment may be explained by a lack of care options, as well as unawareness about the benefits of intergenerational care.

Based on these findings, intergenerational program advocates should increase their efforts in educating the public about the benefits of intergenerational care, and locations of program availability. It would be beneficial for future research to analyze differences in care choices when the parent is better educated about the advantages of

intergenerational opportunities and where it is available. Additionally, increased support and funding for intergenerational centers must be fostered, so that that these programs are affordable and convenient for families to utilize.

Older adults, caregivers, and parents were supportive of recommending to family and friends that they choose an intergenerational center for their loved ones. Each group was supportive of more adult day centers and preschools having intergenerational programming. This indicates that intergenerational availability may not have been influential in their care decisions, but once they became enrolled clients endorsed these types of services. Additionally, parents and caregivers were supportive of encouraging their relative to participate in intergenerational activities at the center.

Overall, participants strongly felt that the staff was supportive and prepared when conducting these activities. Clients have confidence in the administration at the center, which connects to their assurance that the intergenerational programming will be run well. It will be essential for individuals facilitating intergenerational activities to be trained in working with both children and older adults, so that clients maintain positive views of the staff. Future research could focus on staff trainings and competency at intergenerational centers, and the staff's versatility in being able to work with both children and older adults.

When looking at the connection between awareness and endorsement for intergenerational programming through Pearson's correlation coefficient, the strong association for older adults and parents indicates that the more they knew about the activities, the more likely they were to support it. As a result, education and

communication about the programming to older adults and parents are critical to increase support and growth for these services. There was a weak association for awareness and endorsement for caregivers. As previously stated, caregivers are more likely to be uninformed about the programming, because they have the least direct contact with the center. This indicates that methods must be sought to involve caregivers in the intergenerational programming, for both those who are in the process of seeking care and for those who have relatives currently enrolled at an intergenerational center.

The surveys revealed that ADS participants strongly felt they were making a positive difference in the lives of the children at the center, and they likewise affirmed that the children had better perspectives of the elderly due to time they get to spend with them. This finding aligns with previous literature about the advantages of intergenerational care, as ADS participants benefited from the recognition that they were doing something positive for future generations. Furthermore, the present study provided an outlet for the older adults to voice their thoughts, which is an important practice to integrate in research of intergenerational programming (Jarrott et al., 2011).

The qualitative analysis of the open-ended questions revealed that older adults were cognizant of the advantages from participating in intergenerational programming, such as being active and forming new relationships. Many older adults were interested in increasing the amount of time they spend with the children, which provides evidence of their enjoyment of the activities. Sharing their anecdotal experiences may be an effective strategy to illustrate to potential clients the power of intergenerational programming.

Sharing the stories of ADS participants may be helpful for involving both potential and current clients, as both caregivers and parents were receptive to the idea of receiving updates about the intergenerational programming. Administrators can take advantage of their willingness to learn about the center, and utilize newsletters, photos, or emails, to communicate with the clients. As parents and caregivers become better informed, they are more likely to become stronger supporters of the intergenerational activities.

Limitations

The current study took place at one center and the sample size was small, so it is not representative of the entire population of people that utilize intergenerational care. The response rate for caregivers was low, and therefore does not reflect the full spectrum of opinions that caregivers at the center have. Future research should focus on engaging a wide variety of intergenerational centers and expanding the sample size to be more representative of the population.

The data is most likely positively biased, because those who chose to respond were more likely to be active and engaged at the center, and therefore more supportive of intergenerational programming. Although confidentiality was emphasized throughout the survey, participants may still have felt obligated to answer positively about intergenerational programming, because it was the care they utilized. Older adults with cognitive impairments were purposively excluded from the survey, due to potential challenges in answering the questions, but these individuals also benefit from intergenerational programming and so their insights are not represented in the sample.

An additional bias is that clients retrospectively examined the influence of intergenerational programming in their care decisions. Participants may have reported that they were attracted to the center due to intergenerational programming; however, during the actual selection process practical factors took precedence, such as cost and location. In congruence with previous literature, clients may have reframed the decision-making process to make it appear they were autonomous and well-informed when selecting care (Huff & Cotte, 2013). In turn, this made them more inclined to agree with the statement that intergenerational programming was influential in their choice of care. Future research should focus on individuals who are in the process of deciding on care to eliminate this confounding variable.

By applying the perspectives of clients who currently attend an intergenerational center, future programs can attract a greater variety of people, so that more families can take advantage of this unique type of programming. While intergenerational programming availability was not an important enrollment factor for many of the clients at Champion Intergenerational Center, future research should focus on how to convey the benefits of these services while individuals are in the process of deciding on care. Previous literature has shown the advantages of intergenerational programming, which aligned with the endorsement that was displayed by participants throughout this study. Due to this evidence, children and elderly advocates must collaborate to promote this type of programming, through increased funding and research.

References

- Aday, H., Sims, C., McDuffie, W. & Evans, E. (1996). Changing children's attitudes toward the elderly: The longitudinal effects of an intergenerational partners program. *Journal of Research in Childhood Education*, 10(2), 143-151. DOI: 10.1080/02568549609594897
- Baumgarten, M., Lebel, P., Laprise, H., Leclerc, C., & Quinn, C. (2002). Adult day care for the frail elderly: outcomes, satisfaction, and cost. *Journal Of Aging And Health*, 14(2), 237-259. DOI:10.1177/089826430201400204
- Canedo-García, A., García-Sánchez, J.-N., & Pacheco-Sanz, D.-I. (2017). A systematic review of the effectiveness of intergenerational programs. *Frontiers in Psychology*, 8, 1882. DOI: 10.3389/fpsyg.2017.01882
- Chamberlain, M., Fetterman, E. & Maher, M. (1994). Innovation in elder and child care: An intergenerational experience. *Educational Gerontology*, 20(2), 193-204. DOI:10.1080/03060127940200208
- Cohen, S., Cook, S., Kelley, L., Sando, T. & Bell, A. (2015). Psychosocial factors of caregiver burden in child caregivers: Results from the new national study of caregiving. *Health & Quality of Life Outcomes*, 13(1), 1-6. DOI:10.1186/s12955-015-0317-2
- Cohen-Mansfield, J. & Jensen, B. (2017). Intergenerational programs in schools. *Journal Of Applied Gerontology*, 36(3), 254-276. *CINAHL Plus with Full Text*, EBSCOhost (accessed March 29, 2018).

- Dabelko-Schoeny, H. & King, S. (2010). In their own words: Participants' perceptions of the impact of adult day services. *Journal of Gerontological Social Work*, 53(2), 176-192. DOI:10.1080/01634370903475936
- Dunham, C. & Casadonte D. (2009). Children's attitudes and classroom interaction in an intergenerational education program. *Educational Gerontology*, 35(5), 453-464. DOI:10.1080/03601270802605473
- Femia, E., Zarit, S., Blair, C., Jarrott, S., & Bruno, K. (2008). Intergenerational preschool experiences and the young child: Potential benefits to development. *Early Childhood Research Quarterly*, 23(2), 272-287. DOI: 10.1016/j.ecresq.2007.05.001
- Fenech, M., Harrison, L. & Sumison, J. (2011). Parent users of high-quality long day care: Informed consumers of child care? *Australasian Journal of Early Childhood*, 36(1), 95- 103. DOI: 10.1016/j.ecresq.2007.05.001
- Fields, L. Anderson, A. & Dabelko-Schoeny, H. (2014). The effectiveness of adult day for older adults: A review of the literature from 2000-2011. *Journal of Applied Gerontology*, 33(2), 130-163. DOI: 10.1177/0733464812443308
- Fuller, B., Holloway, S., Rambaud, M., Eggers-Pierola, C. (1996). How do mothers choose child care? Alternative cultural models in poor neighborhoods. *Sociology of Education*, 69(2), 83-104.
- Fuqua, W. & Labensohn, D. (1986). Parents as consumers of child care. *Family Relations*, 35(2), 295-303.

- Galbraith, B., Larkin, H., Moorhouse, A. & Oomen, T. (2015). Intergenerational programs for persons with dementia: A scoping review. *Journal of Gerontological Social Work*, 58(4), 357-378.
DOI: 10.1080/01634372.2015.1008166
- George, D., Whitehouse, C., & Whitehouse, P. (2011). A model of intergenerativity: How the intergenerational school is bringing the generations together to foster collective wisdom and community health. *Journal of Intergenerational Relationships*, 9(4), 389–404. DOI:10.1080/15350770.2011.619922
- Hayes, C. (2003). An observational study in developing an intergenerational shared site program: Challenges and insights. *Journal of Intergenerational Relationships*, 1(1), 113-132. DOI: 10.1300/J194v01n01_10
- Hernandez, C. & Gonzalez, M. (2008). Effects of intergenerational interaction on aging. *Educational Gerontology*, 34(4), 292-305. DOI:10.1080/03601270701883908
- Heyman, C., Gutheil, A. & White-Ryan, L. (2011). Preschool children’s attitudes toward older adults: Comparison of intergenerational and traditional care. *Journal of Intergenerational Relationships*, 9(4), 435-444.
DOI: 10.1080/15350770.2011.618381
- Huff, D. & Cotte J. (2013). Complexities of consumption: The case of childcare. *Journal of consumer affairs*, 47(1), 72-97. DOI:10.1111/joca.12004
- Janna H.C. & Irene G.A. (2008) “They Touch Our Hearts”: The experiences of shared site intergenerational program participants, *Journal of Intergenerational Relationships*, (6)4, 397-412, DOI: 10.1080/15350770802470726

- Jarrott, S. & Bruno K. (2007). Shared site intergenerational programs: A case study. *Journal of applied gerontology*, 26(3), 239-257.
DOI:10.1177/0733464807300225
- Jarrott, S., Morris, M., Burnett, A., Stauffer, D., Stremmel, A. & Gigliotti, C. (2011). Creating community at a shared site intergenerational program: 'Like a barefoot climb up a mountain.' *Journal of Intergenerational Relationships*, 9(4), 418-434.
DOI: 10.1080/15350770.2011.619925
- Jarrott, S. & Salva, J. (2016). Intergenerational contact and mediators impact ambivalence towards future selves. *International Journal of Behavioral Development*, 40(3), 282-288. DOI: 10.1177/0165025415581913
- Leslie, A., Ettenson, R. & Cumsille, P. (2000). Selecting a child care center: What really matters to parents? *Child & Youth Care Forum*, 29(5), 299-322.
- Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current directions in psychological science*, 18(6), 332-336.
- Liu, M. (2015). An ecological review of literature on factors influencing working mothers' child care arrangements. *Journal of Child & Family Studies*, 24(1), 161-171. DOI:10.1007/s10826-013-98222
- Middlecamp, M. & Gross, D. (2002). Intergenerational daycare and preschoolers' attitudes about aging. *Educational Gerontology*, 28, 271-288.
- National Adult Day Services Association (NADSA). (2011). About Adult Day Services. Retrieved from <https://www.nadsa.org/learn-more/about-adult-day-services/>
- Pettigrew, T. (1998). Intergroup contact theory. *Annual Reviews Psychology*, 49, 65-85.

- Salari, S. (2002). Intergenerational partnerships in adult day centers: Importance of age-appropriate environments and behaviors. *The Gerontologist*, 42, 321-333.
- Short-DeGraff, M. & Diamond, K. (1996). Intergenerational program effects on social responses of elderly adult day care members. *Educational Gerontology*, 22(5), 467.
- Sosinsky, L. & Kim, S. Kim (2013). A profile approach to child care quality, quantity, and type of Setting: Parent selection of infant child care arrangements. *Applied Developmental Science*, 17(1), 39-56. DOI: 10.1080/10888691.2013.750196
- Stremmel, A., Travis, S., Kelly-Harrison, P., Hensley, D., & Travis, S. (1994). The perceived benefits and problems associated with intergenerational exchanges in day care settings. *Gerontologist*, 34(4), 513-519. DOI:10.1093/geront/34.4.513
- Ventura-Merkel, C. & Lidoff, L. (1983). *Community planning for intergenerational programming*. Washington, D.C.: National Council on Aging
- Weintraub, A. & Killian T. (2009). Perceptions of the impact of intergenerational programming on the physical well-being of participants in adult day services. *Journal of Intergenerational Relationships*, 7:4, 355-370, DOI:10.1080/1530770903285312

Appendix A: Recruitment Letter for Caregivers and Parents

Dear caregivers,

This letter includes a survey for a research study about your experiences with the programs for children and older adults at Champion Intergenerational Center. We are excited to hear what you think and will use the information to improve the programs your relative participates in. Kelly Cohen, an OSU social work student, will be leading the study. If you are willing to join the project, please return the survey to the center by _____. If you have any questions, you can contact Kelly at cohen.804@osu.edu.

Dear parents,

This letter includes a survey for a research study about your experiences with the programs for children and older adults at Champion Intergenerational Center. We are excited to hear what you think and will use the information to improve the programs your children participate in. Kelly Cohen, an OSU social work student, will be leading the study. If you are willing to join the project, please return the survey to your child's teacher by _____. If you have any questions, you can contact Kelly at cohen.804@osu.edu.

Appendix B: Recruitment Script for Older Adults

Hello, my name is Kelly Cohen. I am a social work student at the Ohio State University and an intern at Champion. I am interested in learning about what parents, families and people who come to Champion think about intergenerational programs. Participation in the research study includes answering questions about your experiences at Champion, which will take about ten minutes to complete. You can choose to review the survey with me or complete it on your own. If you participate, you may enter a lottery for one of fifteen ten-dollar Amazon gift cards.

If you have any questions I will be at the center on Wednesdays and Fridays. I can also be contacted at cohen.804@osu.edu

Appendix C: Informed Consent

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

You are being asked to participate in this study because your viewpoints of Champion Intergenerational Center as a participant, caregiver, or parent are valued. Champion has been selected for the study because it has shared site intergenerational programming, meaning that adult day services and childcare are in one building, and the two groups interact regularly. This study is intended to increase our understanding of intergenerational care, so that future programming can be based on the perspectives of individuals who are currently enrolled in an intergenerational center.

Procedures/Tasks:

You will be asked to respond a survey. The survey will have no identifying information. Please complete and return the survey within the next two weeks.

Duration:

The survey will take approximately ten minutes to complete. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University. You may choose to not answer certain questions on the survey.

Risks and Benefits:

The study contains minimal anticipated risks. The information provided will not influence the care you receive at Champion. You will not benefit directly from participating in the study. You will be given the opportunity to share your experiences at the center, and your contributions will assist in increasing knowledge about intergenerational programming.

Confidentiality:

The surveys will be immediately separated from the consent forms after the researchers receives them, after which the surveys will be anonymous. The data will be disposed of five years after the study has concluded. Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Incentives:

You can enter a lottery for one of fifteen ten-dollar Amazon gift cards. The chances of being drawn are about 1 in 3. The gift cards will be distributed immediately after the winners have been selected. The winners will choose to either have the gift card sent electronically or to receive a physical gift card at Champion Intergenerational Center. If you complete the survey you do not have to enter the lottery. Individuals who withdraw from the study are still eligible to participate in the drawing.

Participants Rights:

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:

For questions, concerns, or complaints about the study, or you feel you have been harmed as a result of study participation, you may contact the principal investigator, Shannon Jarrott, at jarrott.1@osu.edu or the co-investigator, Kelly Cohen, at cohen.804@osu.edu. For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251. I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of participant	Signature of participant
	AM/PM
	Date and time

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent	Signature of person obtaining consent
	AM/PM
	Date and time

Appendix D: Incentive Form

Incentives:

Please fill out the following information if you wish to enter the lottery for one of fifteen ten-dollar Amazon gift cards. Winners will be picked and notified immediately after the surveys are collected. Any information you provide will not be connected to the surveys.

Name:

Please circle one option:

- a.) I would like to pick up my gift card at Champion
- b.) I would like to have my gift card sent electronically

If you chose to have a gift card sent electronically, please provide the email address you would like it to be sent to.

Email:

If you would like to pick up your gift card at Champion, and would prefer to be contacted by phone, please provide your phone number.

Phone:

Appendix E: Survey for Older Adults

Mainstreaming Intergenerational Care: Surveys for Participants

- 1.) Do you participate in the activities with the children?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 2.) Did the programming with the children influence your adult day services choice?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 3.) Has interacting with the children at the center had an impact on you?
 - a.) Yes
 - b.) No
 - c.) Not sure
 - II. If yes, how has interacting with the children impacted you?

4.) Are there any changes you would like to make to the activities with the children?

5.) Please indicate how much you support the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Wouldn't support (2) May not support (3) Neutral (4) May support (5) Would definitely support

- a.) Other people my age choosing an adult day services program that shares a building with children _____
- b.) Talking with family or friends about the activities I did with children at the center _____
- c.) Less interaction with children at the center _____
- d.) More adult day centers having activities with children _____

6.) Please indicate how strongly you agree with the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree

- a.) I have increased companionship due to time spent with children at the center _____
- b.) The children at the center have better views of the elderly because they interact with older adults _____
- c.) I work by myself and do not interact with the children during intergenerational activities _____
- d.) The children I spend time with at the center benefit from increased attention _____
- e.) My physical activity increases when I interact with the children at the center _____
- f.) The staff is supportive and prepared during activities with children _____

Appendix F: Survey for Caregivers

Mainstreaming Intergenerational Care: Survey for Caregivers

- 1.) Does your relative do the activities with the children at the center?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 2.) Did the programming with children influence your adult day services choice?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 3.) Do you think the activities with children have impacted your relative?
 - a.) Yes
 - b.) No
 - c.) Not sure

II. If yes, how have the children impacted your relative?

- 4.) Would you like updates about the intergenerational programming at the center?
 - a.) Yes
 - b.) No
 - c.) Not sure

II. If yes, how would you like to receive updates? Circle all that apply.

 - a.) Newsletter
 - b.) Photos
 - c.) Emails
 - d.) Social media updates
 - e.) Other _____

- 5.) Please indicate how much you support the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Wouldn't support (2) May not support (3) Neutral (4) May support (5) Would definitely support
 - a.) Other caregivers choosing adult day services that shares a building with children _____
 - b.) Encouraging my relative to do the activities with the children _____
 - c.) Children interacting less with my relative at the center _____
 - d.) More adult day centers having activities with children _____

6.) Please indicate how strongly you agree with the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree

a.) My relative has a choice about joining activities with children _____

b.) My relative has increased companionship due to time spent with children at the center _____

c.) My relative is less physically active when interacting with children at the center _____

d.) The staff at Champion is prepared to run activities for both older adults and children _____

Appendix G: Survey for Parents

Mainstreaming Intergenerational Care: Surveys for Participants

- 1.) Do you participate in the activities with the children?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 2.) Did the programming with the children influence your adult day services choice?
 - a.) Yes
 - b.) No
 - c.) Not sure
- 3.) Has interacting with the children at the center had an impact on you?
 - a.) Yes
 - b.) No
 - c.) Not sure
 - II. If yes, how has interacting with the children impacted you?

4.) Are there any changes you would like to make to the activities with the children?

5.) Please indicate how much you support the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Wouldn't support (2) May not support (3) Neutral (4) May support (5) Would definitely support

- a.) Other people my age choosing an adult day services program that shares a building with children _____
- b.) Talking with family or friends about the activities I did with children at the center _____
- c.) Less interaction with children at the center _____
- d.) More adult day centers having activities with children _____

6.) Please indicate how strongly you agree with the following statements on a scale from 1 to 5. Write your response on the line next to the statement. (1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree

- a.) I have increased companionship due to time spent with children at the center _____
- b.) The children at the center have better views of the elderly because they interact with older adults _____
- c.) I work by myself and do not interact with the children during intergenerational activities _____
- d.) The children I spend time with at the center benefit from increased attention _____
- e.) My physical activity increases when I interact with the children at the center _____
- f.) The staff is supportive and prepared during activities with children _____